



TOWN OF WINTHROP BOARD OF SELECTMEN CANNING PERMIT

In accordance with the By-laws of the Town of Winthrop and subject to regulations adopted by the Board of Selectmen of the Town of Winthrop, application is hereby made for a

PERMIT TO SOLICIT FUNDS BY CANNING AT VARIOUS LOCATIONS

ORGANIZATION

Name of Organization.

REPRESENTATIVE'S NAME:

First, Middle Initial, and Last Name

REPRESENTATIVE'S POSITION:

Position within the Organization, i.e. President, Treasurer, Member, etc.

REPRESENTATIVE'S ADDRESS:

Street Number and Address

WINTHROP, MASSACHUSETTS 02152

TELEPHONE NUMBER:

Home Telephone

Business Telephone

SCHEDULED DATE(S):

Month, Day and Year

RAIN DATE:

Month, Day and Year

HOURS:

From _____ [] AM [] PM To _____ [] AM [] PM

LOCATIONS: Any organization requesting a permit to raise funds by canning at various locations throughout the Town must indicate the responsible adult(s) who will be present to supervise the canning at each location. For public safety reasons, canning without an adult present is not permitted. Any group canning without adult supervision will not be permitted.

LOCATION:

ADULT(S) RESPONSIBLE:

I herein certify under penalty of perjury that, to the best of my knowledge and belief, the above named organization has filed all applicable state tax returns and has paid in full all applicable state and local taxes, fees or other assessments due to the Commonwealth of Massachusetts or the Town of Winthrop.

SIGNED:

Signature of Applicant

DATE:

Date of Application filing

In accordance with the By-laws of the Town of Winthrop and subject to regulations adopted by the Board of Selectmen of the Town of Winthrop, permission is hereby granted to the above named organization to conduct fund raising by canning at the locations and on the dates indicated above.

APPROVED BY BOARD OF SELECTMEN:

COPY TO CHIEF OF POLICE

